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CONFIRMATION NO. 2403

Bib Data Sheet

SERIAL NUMBER	FILING OR 371(c) DATE 11/17/2003 RULE	CLASS 606	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. 4819 US 01
10/715,339				

## APPLICANTS

Woojin Lee, Hopkinton, MA;  
Andres Chamorro III, Arlington, MA;  
Robert Ailinger, Norwood, MA;  
Dwight Meglan, Westwood, MA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/427,525 11/18/2002 and claims benefit of 60/493,425 08/07/2003 and is a CIP of 10/014,143 11/16/2001 ABN and is a CIP of 10/008,964 11/16/2001 ABN and is a CIP of 10/013,046 11/16/2001 ABN and is a CIP of 10/011,450 11/16/2001 ABN and is a CIP of 10/008,457 11/16/2001 PAT 6,949,106 and is a CIP of 10/008,871 11/16/2001 PAT 6,843,793 and is a CIP of 10/012,845 11/16/2001 and said 10/014,143 11/16/2001 claims benefit of 60/279,087 03/27/2001 and said 10/008,964 11/16/2001 claims benefit of 60/279,087 03/27/2001 and said 10/013,046 11/16/2001 claims benefit of 60/279,087 03/27/2001 and said 10/011,450 11/16/2001 claims benefit of 60/279,087 03/27/2001 and said 10/008,457 11/16/2001 claims benefit of 60/279,087 03/27/2001 and said 10/012,845 11/16/2001 claims benefit of 60/279,087 03/27/2001 This application 10/715,339 is a CIP of 10/023,024 11/16/2001 ABN and is a CIP of 10/011,371 11/16/2001 PAT 7,090,683 and is a CIP of 10/011,449 11/16/2001 ABN and is a CIP of 10/010,150 11/16/2001 and is a CIP of 10/022,038 11/16/2001 ABN and is a CIP of 10/012,586 11/16/2001 and said 10/023,024 11/16/2001 claims benefit of 60/269,200 02/15/2001 and claims benefit of 60/276,217 03/15/2001 and claims benefit of 60/276,086 03/15/2001 and claims benefit of 60/276,152 03/15/2001 and claims benefit of 60/293,346 05/24/2001 and said 10/011,371 11/16/2001 claims benefit of 60/269,200 02/15/2001 and claims benefit of 60/276,217 03/15/2001 and claims benefit of 60/276,086 03/15/2001 and claims benefit of 60/276,152 03/15/2001

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 and claims benefit of 60/276,217 03/15/2001  
 and claims benefit of 60/276,086 03/15/2001  
 and claims benefit of 60/276,152 03/15/2001  
 and said 10/012,586  
 claims benefit of 60/293,346 05/24/2001

YES *PPH*  
*none PPH*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 03/29/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MA	34	72	13
Verified and Acknowledged	Examiner's Signature <i>PPH</i> Initials				

**ADDRESS**  
 41696

**TITLE**

Robotically controlled surgical instruments

FILING FEE RECEIVED 1348	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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